

**VIRGINIA WING APPLICATION FOR
DESIGNATION AS CADET ORIENTATION PILOT**

Please print neatly

Date _____

Type of Application: ☐ Initial Designation ☐ Renewal ☐ Change in Authorized Aircraft

Pilot's Name _____ Rank _____ Unit Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ CAPSN _____

Total PIC Time _____

TO: VIRGINIA WING HEADQUARTERS, CIVIL AIR PATROL

In accordance with CAPR 60-1, Paragraph 3-2, e, I request, as a member of _____ (unit),
to be designated as a Cadet Orientation Pilot in _____ aircraft. I certify that
I am at least 21 years of age; that I am current in each aircraft listed above in accordance with CAPR 60-1,
Paragraph 3-4; and I have been designated as a Cadet Orientation Pilot on my latest CAPF 5 application.

(pilot's signature)

(date)

INDORSEMENT BY APPLICANT'S COMMANDER:

Approved ☐ Individual has been issued a Cadet Leadership Card by National Headquarters.

☐ Individual has applied for but not yet received a Cadet Leadership Card.

☐ I have verified that this applicant has been instructed in the duties of a Cadet Orientation pilot and the proper
use of the CAPF 77 including Virginia Wing Supplements.

(Commander's signature)

(date)

INDORSEMENT BY GROUP COMMANDER: (IF APPLICABLE)

☐ I approve of this application.

☐ Disapproved for the following reasons; _____

(If disapproved, return application to original unit.)

(Group Commander's signature)

(date)

FOR WING USE ONLY:

Checked by Director of Operations or designate: _____ Date: _____

Approved by Wing Commander: _____ Date: _____

Card Issued on: _____ In aircraft: _____

Card Expires on December 31st of year, _____